36287-04300

PTO/SB/01 (10-01)
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Att rney D ck t Number

DECLARATION FOR UTILITY OR DESIGN			Att mey b ck t number   Cozor C4000							
			First Named Invent	First Named Invent r BAT			ATESON, et al.			
PATENT APPLICATION				COMPLETE IF KNOWN						
	(37	CFR 1.63	3)	Application Number TBA						
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1	th Initial ing	•	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit TB		TBA				
	g	require		Examiner Name	TBA		·			
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					L					
My re	As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD AND SYSTEM FOR PROVIDING STABLE VALUE									
Ø	specification of w is attached here OR was filed on (MN	to	(Title of th	e Invention)	aliantica	Number	s DCT leterretie			
	·			as United States Ap		i Number o				
i ''	on Number	<u> </u>		was amended on (MM/DD/Y				(if applicable).		
	state that I have illy referred to ab		understand the conte	nts of the above identified sp	ecificatio	on, includin	g the claims as a	mended		
application	ons, material info	mation which		rial to patentability as defined tween the filing date of the pr						
breeder's States of breeder's	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
	Prior Foreign Application Number(s) Country			Foreign Filing Date (MM/DD/YYYY) Country		iority Claimed	Certified Cop			
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	itional foreign an	olication numb	ners are listed on a sur	pplemental priority data shee	PTO/S	B/028 attac	ched hereto:			
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[Page 1 of 3]

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Labe		27171		OR	Correspondence addr	ess below	
Chris L. Holm, Esq.							
Name							
1 Chase Manhattan Plaza							
Address				<del></del> -			
New York	NY				10005-1413		
City	State				ZIP		
USA		(212) 530	0-5000		(212) 530-5219		
Country		Teleph			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	A petit	ion has	been fi	led for	this unsigned inventor		
Given Name DOUGLAS F. (first and middle [if any])			ily Name urname	e BA	TESON	SON	
Inventor's Signature DMG 2 BT	Dat			Date	te 9/3/03		
New York	NY		USA		us		
Residence: City	State	e Country		Citizenship	Citizenship		
10 Gracie Square							
Mailing Address							
New York	NY		10028		USA		
City	State		Zip		Country		
NAME OF SECOND INVENTOR: A pa	etition has b	een file	d for th	is unsiç	gned inventor	_	
Given Name (first and middle [if any])			ily Nam urname		NFORTH		
Inventor's Signature				Date	9/3/03		
Ridgewood	NJ		USA		US		
Residence: City	State	Country		try	Citizenship		
847 Aubum Avenue							
Mailing Address	T						
Ridgewood	NJ		07450	)	USA		
City	State		Zip		Country	Country	

NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor								
Given Name PATRICK J. (first and middle [if any])		Family Name HELLEN						
Inventor's Signature	200	Date	9/3/03					
South Orange	NJ	USA	us					
Residence: City	State	Country	Citizenship					
69 South Centre Street								
Mailing Address		<u>,</u>	·					
South Orange	NJ	07079	USA					
City	State	Zip	Country					
NAME OF FOURTH INVENTOR: A P	etition has been file	ed for this unsigne	ed inventor					
Given Name SCOTT A. (first and middle [if any])		nily Name KAY Surname						
Inventor's Signature	<b>)</b>	Date	9/3/03					
Brooklyn	NY	USA	Australia					
Residence: City	State	Country	Citizenship					
632 Carlton Avenue #4								
Mailing Address								
Brooklyn	NY	11238	USA					
City	State	Zip	Country					
Additional inventors are being named on the	supplemental Addition	nal Inventor(s) sheet(s)	PTO/SB/02A attached hereto.					

[Page 3 of 3]

PTO/SB/81 (8-03)
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**TBA** 

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**Examiner Name** 

			Attorney	Docket	Number	36287-04	300		
I hereby a	ppoint:	,			· · · -			$\overline{}$	
☑ Practitioners at Customer Number 27171 OR						ustomer Bar Code ere			
☐ Practition	oner(s) nar	med below:							
	Name				Registration Number				
		Chris L. Holm			;				
		Lawrence T. Kass							
		Christopher J. Gaspa	ir			41,030			
		Frank A. Bruno				46,583			
		or agent(s) to prosecute the nected therewith.	ne application	identifie	ed above, and	to transact a	ll business in t	he Patent an	ıd
Please cha	ange the c	orrespondence address fo	r the above-ic	lentified	application to	:			
☐ The above-mentioned Customer Number.  OR ☐ Practitioners at Customer Number				<b></b>		Customer r Bar Code			
OR								<u> </u>	
Firm <i>or</i>	Firm or Individual Name Chris L. Holm, Esq.								
Address		Milbank, Tweed Hadley	& McCloy LL	P					
Address		1 Chase Mahattan Plaza	a						
City		New York		State	NY	ZIP	10005-1314		
Country		United States			,				
Telephone		(212) 530-5000		Fax	Fax (212) 530-5219				
☐ Assign		or. ord of the entire interest. S 37 CFR 3.73(b) is enclose			).				
		SIGNATUI	RE of Applica	nt or A	ssignee of Re	ecord			·
Name	Douglas	F. Bateson			<del></del>				
Signature	Vo	ryle 2 b	₹						
Date		CEST. 3	2083					···	
NOTE: Signa	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Submit multi	pie rorms a	<u>if more than one signatu</u> ire submitted.	re is required	ı, see D	eiow*.		<del></del> -		

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		Examiner Name		36287-04300		
	Attorney Do	cket Number	30	207-04	300	
I hereby appoint:			Г			
☑ Practitioners at Customer Number 27	71			Place Customer Number Bar Code		
OR			L	Label he	ere	
Practitioner(s) named below:  Name		Regi	stration	Number	,	
Chris L. Holm	<del></del>		39,22	27		
Lawrence T. Kass			40,67	71		
Christopher J. Gaspar			41,03	30		
Frank A. Bruno			46,58	33		
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Country United States						
Telephone (212) 530-5000	(212) 530-5000 Fax (212) 530-5219					
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. S	ee 37 CFR 3.71	•				
Certificate under 37 CFR 3.73(b) is enclose	d. (Form PTO/S	B/96).				
/ SIGNATUR	RE of Applicant	or Assignee of	Recor	d		
Name Michael H, Montorth						
Signature ////////////////////////////////////						
Date / 9(3/0)						
NOTE: Signatures of all the inventors or assign Submit multiple forms if more than one signature	ees of record o	f the entire inte	rest or	their rep	resentative(s)	are required.

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Name

Signature Date

Patrick J. Hellen

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NOTE: Signatures of all the inventors of assigndes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. ▼Total of 4 forms are submitted.

03

SIGNATURE of Applicant or Assignee of Record

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☐ Practiti	ioner(s) nar	med below:		<del></del>				 ¬	
		Name		<u> </u>	Registra	ation Numb	oer	]	
		Chris L. Holm			3	9,227		]	
<u> </u>		Lawrence T. Kass			4	0,671		]	
		Christopher J. Gaspar			4	1,030		]	I
		Frank A. Bruno			4	6,583		]	1
as my/our a Trademark	attorney(s) o	or agent(s) to prosecute the nected therewith.	application id	entifie	d above, and to	o transact	all business i	in the Patent and	
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Firm or Individu	ıal Name	Chris L. Holm, Esq.							
Address		Milbank, Tweed Hadley &	McCloy LLP						
Address		1 Chase Mahattan Plaza							
City		New York	S	tate	NY	ZIF	10005-13	14	_
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Telephone		(212) 530-5000	1	Fax	(212) 530-52	19			
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Name	Scott A.		E OI Approcin	OI A	SSIGNED OF IVE	COru			_
Signature	SWILL	HA Ilm-							_
Date	100	1.103							4
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